



**REAPPLICATION FOR AWARD
MISSOURI ENERGY EFFICIENCY & RENEWABLE ENERGY NO_x SIP SET-ASIDE**

1. APPLICANT INFORMATION

APPLICANT NAME	
AUTHORIZED ACCOUNT REPRESENTATIVE (AAR)	
AAR ADDRESS	
AAR EMAIL	
AAR TELEPHONE	AAR FAX NUMBER

Please feel free to attach the names of additional contact persons for this project.

2. CHANGES IN PROJECT INFORMATION

FOR WHICH AWARD YEAR(S) HAS THIS PROJECT PREVIOUSLY RECEIVED AN AWARD?

PLEASE ATTACH A DESCRIPTION OF ANY CHANGES SINCE THE PREVIOUS APPLICATION FOR THIS PROJECT IN THE FOLLOWING AREAS:

- Any sites added or removed from the project (aggregate project only)
- Changes in site contact information
- Changes in expected duration of the project
- Changes in project description
- Changes in measurement and verification methods

3. CHANGES IN PROJECT OWNERSHIP INFORMATION

PLEASE DESCRIBE ANY ISSUES SINCE THE PREVIOUS APPLICATION FOR THIS PROJECT CONCERNING THE LEGAL RIGHT TO CLAIM EE/RE SET-ASIDE AWARDS FOR THIS PROJECT. INDICATE WHETHER AND HOW THESE ISSUES HAVE BEEN RESOLVED.

4. CALCULATION OF ALLOWANCES THE PROJECT IS QUALIFIED TO RECEIVE

PLEASE ATTACH DOCUMENTS THAT (1) VERIFY THE CONTINUED OPERATION OF THE PREVIOUSLY INSTALLED EE/RE EQUIPMENT AND SYSTEMS; (2) DOCUMENT AND EXPLAIN THE COLLECTION OF METHODOLOGY FOR ENERGY AND OTHER DATA COLLECTED DURING THE MOST RECENT SUMMER OZONE SEASON; (3) PRESENT THE CALCULATION OF SET-ASIDE AWARDS USING THE EQUATIONS PROVIDED BY DNR; AND (4) DESCRIBE AND EXPLAIN SIGNIFICANT CHANGES FROM THE PREVIOUS YEAR'S APPLICATION.

PROFESSIONAL ENGINEER'S STATEMENT ATTESTING ACCURACY AND COMPLETENESS

I attest that I have personally examined the information and calculations submitted in this application and the attachments thereto relating to quantification of the total amount of energy generated or saved or to emissions resulting from or prevented by the projects undertaken. I further attest that based on my examination and inquiry of those persons immediately responsible for obtaining the information, I believe that this information and calculations are true, accurate and complete.

SIGNATURE	PE NUMBER
PRINTED NAME	DATE (MM/DD/YYYY)

AUTHORIZED ACCOUNT REPRESENTATIVE'S REQUEST FOR AWARD OF ALLOWANCES

As the project sponsor or the person fully authorized to make this certification on behalf of the project sponsor, I certify that I personally examined the foregoing information, I am familiar with the information contained in this application and any attachments thereto and that based on my inquiry of those persons immediately responsible for obtaining the information, I believe that the information contained in this application is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Based upon the information and calculations contained in this application and the attachments thereto, and acting in my capacity as the Authorized Account Representative for the project described in this application, I request _____ NOx allowances denominated for the _____ Summer Ozone Season to be transferred from the account of the Missouri EE/RE set-aside to the NATS account indicated herein. In making this request, I authorize MoDNR to inspect project sites or records for the purpose of verifying that equipment listed in this application has been installed and that energy or emissions data has been appropriately measured and verified.

NATS ACCOUNT NUMBER	
SIGNATURE	AAR ID
PRINTED NAME	DATE

FOR DEPARTMENT USE ONLY

SUBMIT THIS FORM TO:

Missouri Department of Natural Resources
Energy Center
PO Box 176
Jefferson City, MO 65102
Attn: EE/RE Set-Aside

Email: energy@dnr.mo.gov

Fax: 573-751-6860